

The Division of Behavioral Health COMMUNITY COALITION APPLICATION

Please complete this form to register your coalition with the Division of Behavioral Health. This information needs to be updated on an annual basis. If you have questions regarding this form, please contact a Prevention staff person at (573) 751-4942.

What type of application is this? (Please check one) ☐New ☐Update

1. Date:

2. Coalition name:
Coalition Leader's Name:

Street Address:

Mailing Address:

City:

Zip code:

Phone Number:

Fax Number:

Email:

Website:

County:

3. Please state the coalition's Mission:

Please list the coalition's goals and objectives:

4. Please identify the coalition's members:
Types of team members: (check all that apply)

- ☐ Civic leaders
- ☐ Locally elected officials
- ☐ Faith Community
- ☐ Parents
- ☐ School employees
- ☐ Students/youth
- ☐ Law enforcement
- ☐ Health providers
- ☐ Media representatives
- ☐ Housing representatives
- ☐ Local ethnic representative group members
- ☐ Other (Please list) –

5. How long has the coalition been in existence?

- ☐ Less than a year ☐ 1 -2 years ☐ 3-4 years ☐ 5 or more years

6. Does the coalition meet on a quarterly basis at a minimum? ☐Yes ☐No
7. Describe the geographic area served by the coalition by identifying the counties, cities, school districts, zip codes, census tracts, or block groups fully served.
8. When was the last community needs assessment conducted?
☐ Past Year ☐ Past 2 years ☐ Past 3 years ☐ Never ☐ Other
9. Are the coalition's prevention activities part of a comprehensive prevention plan?
☐Yes ☐No
10. Does the coalition support or implement an evidence-based program or best practice? ☐Yes ☐No
 If so, what program?
11. What types of activities does your coalition plan and support?
☐ Advocacy ☐ Mentoring programs
☐ Project Prom/Graduation ☐ Media Campaigns
☐ After school programs ☐ Youth rallies
☐ Policy initiatives (e.g. keg registration)
☐ Other (please list)
12. Please list the coalition's funding sources:
13. Is your coalition a CADCA registered coalition? ☐Yes ☐No
14. Does the coalition perform evaluation outcomes measurement to determine the effectiveness of programs and activities? ☐Yes ☐No
 If so, please identify the evaluation process.
- ☐ I am aware that the information provided may be posted on the Department of Mental Health website and viewed by the general public.

Please forward application to your Regional Support Center.

Regional Support Centers should send them to:

amanda.baker@dmh.mo.gov or to

Prevention, Division of Behavioral Health

1706 East Elm Street

Jefferson City, MO 65101

Oct. 10, 2013

For Official Use Only

State Senate District:
 Regional Support Center:
 Region:

State Representative District:
 Regional Support Center Approval:

ADA Approval:

Coalition ID: